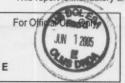
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LA OR ORGANIZATION OFF ER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E	
1. File Number U - 2/38	2. Fiscal Year Covered From:
	1/1/2004 Through: 12/31/2004
Name and address of person filing.	Name, file number, and address of labor organization.
Name George Boncoraglio	Name Civil Sequice Enployees ASSOC Local 1000 ASSOME Labor Organization File Number 5/56/4
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 116 BURKE AUR	Street 143 WASHINSTON AVE,
city Staten Iscano	City ACBAM
State	State N. 4 ZIP Code + 4 /2210
5. Position in labor organization. Vice Petsivid	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	T.J. Allouit.
City	
State ZIP Code + 4	P.C. Roy, Royal In, Keep March Co.
Sign	ature (40) (40) E III
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the
Signed Sy Dunnish	On 5/33/05 212-406-2156 Date Telephone Number

Name of Person Filing	File ** mber U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business sactively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered upon from any labor relations consultant to an employer any payment of mo	under parts A and B above) oney or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment. Recreation AND Souvenies
13.b. Is the Business an Employer V or Consultant ?	14.b. Amount of payment.